

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

35437

State File No. \_\_\_\_\_

Registrar's No. 169

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		State File No. _____		Registrar's No. 169	
1. PLACE OF DEATH a. COUNTY Jasper					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Crawford				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City			c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Opolis			8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital					d. STREET ADDRESS (If rural, give location) Opolis, Kansas 8				
3. NAME OF DECEASED (Type or Print) a. (First) Amy			b. (Middle) Heston		c. (Last) Riley		4. DATE OF DEATH (Month) (Day) (Year) 10-23-1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-1-1961		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John Riley (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bill Riley, Opolis, Kansas				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Toxemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subacute glomerulonephritis DUE TO (c) Cirrhosis of liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 7 days 2 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Oct 1949, to Oct 23, 1952, that I last saw the deceased alive on Oct 23, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE L. Stiles				23b. ADDRESS 1800			23c. DATE SIGNED 10/24/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-25-1952		24c. NAME OF CEMETERY OR CREMATORY Georgia City Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Mo.			
DATE REC'D BY LOCAL REG. 10/24/52		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Don Conery Carl Jct., Mo.				

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-27-52  
Jasper County Health Office

County File Number 52/10/821

Date Filed 10-27-52

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.